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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/595,292			ing Date 05/2006	To be Mailed
	Al	PPLICATION A	ENTITY 🛛	OR		HER THAN					
Н	FOR		(Column 1) NUMBER FILED		(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	-	N/A		N/A	ı	N/A		1	N/A	.,,
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A		1	N/A	
TO'	FAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *				x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$29 additi 35 U.	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small ent additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and		on size fee due) for each on thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	09/26/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 13	Minus	 20	= 0		X \$25 =	0	OR	x s =	
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	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
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(Column 1) (Column 2) (Column 3)											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
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Σ	Independent (37 CFR 1,16(h))		Minus	***	-		x \$ =		OR	x s =	
AMENDMENT	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
	Nicht and in the second of the								OR	TOTAL ADD'L FEE	
"If the entry in column 1 is less than the entry in column 2, write "O' in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is to fill cand by the USPTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. This collection is estimated to the 12 minutes to complete, encluding pathenapy, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, about does not to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.